



Individual Professional Development Reimbursement Form

Name		School	
Name of Activity	Dates of Activity	Location of Activity	
Actual Eligible Personal Expenses <i>*Please include original receipts</i>			
Registration		\$ _____	
Travel Costs (expectation to travel by the most practical and economic means)			
	Kilometers Driven _____	x \$0.52 = \$ _____	
	Travel by other means (flights etc.) <i>*Please attach receipts</i>	\$ _____	
Accommodations		\$ _____	
Substitute Teacher Required <input type="checkbox"/> Yes <input type="checkbox"/> No Number of Days Substitute was Required: _____			
Meal costs are not reimbursed			
<i>*Individual teachers may be granted support to a maximum of \$1000 within a consecutive 2-year period, inclusive of personal expenses and sub costs. See Staff Development Fund Guidelines for more information</i>			
I attest that I attended the above noted activity and that the submitted expenses are true and accurate,			
Applicant Signature: _____		Date: _____	
<small>The personal information collected on this form will be used and disclosed solely for the purpose of processing this application and is collected under the authority of The School Act and Alberta's Freedom of Information and Protection of Privacy Act for the purpose(s) noted above. If you have any questions about this application, please call 780-986-2500.</small>			
Submit to: SDF@starcatholic.ab.ca			
For Internal Use Only			
Date _____			
Cost Incurred	\$		
Cost Reimbursement	\$		
_____ Signature of Staff Development Fund Administrator		_____ Date	